FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPR	OVAL								
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours nor resnance.	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Jensen Darren Jay</u>							2. Issuer Name and Ticker or Trading Symbol Lifevantage Corp [LFVN]									f Reporting Person(s) to Issuel able) 10% Own				
(Last) 9785 SOU	(Firs		3. Date of Earliest Transaction (Month/Day/Year) 12/05/2019									below)	(give title	Other (sp below) cutive Officer		specify				
(Street) SANDY UT 84070 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action	2A. Deemed Execution Date,			3. Transa Code (ection	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Amour Securitie Beneficia Owned F Reported	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
					5/2019	V0040			Code	v	Amount	(D)		Price \$0	Transacti (Instr. 3 a	ransaction(s) nstr. 3 and 4)			(Instr. 4)	
Common S	OUCK	Т		Deriva	tive S	Seci					osed of,	or E		icially (,407		D		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactic Code (Inst 8)		on of		6. Date E Expiration (Month/I	on Da		of S Und Deri	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	E C F Illy D O (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title		Amount or Number of Shares						
Performance Restricted Stock Units ⁽²⁾	(3)	12/05/2019			A	V	26,937		(3)		(3)		nmon cock	26,937	\$0	26,93	7	D		

Explanation of Responses:

- 1. This reflects a stock unit award, in which each stock unit represents a right to receive one share of issuer common stock, which award will vest, subject to the reporting person's continued service with the issuer, as follows: (i) 5/12ths of the total number of units will vest as of the first day of each calendar quarter thereafter.
- 2. Each PRSU represents a right to receive one share of issuer common stock, with the total number of units reflecting the number that are eligible to be earned at target-level performance achievement. Upon achievement of the maximum level of the applicable performance criteria, the reporting person may become eligible to earn 200% of the target number of units
- 3. The PRSUs will vest only to the extent the specified financial performance criteria are achieved and subject to the reporting person's continued service with the issuer, as follows: (i) 5/12ths of the earned award will vest on the first anniversary of the grant date and (ii) an additional 1/12 of the earned award will vest as of the first day of each calendar quarter thereafter.

Remarks:

<u>/s/ Darren Jay Jensen</u>

12/09/2019

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.